

Final Report: Operating Grant (one year or year two of two-year grants)



1. Organization Name: _____ 2. Grant No: _____

3. Mailing Address: _____ 4. City: _____

5. Zip: _____ 6. Project Director: _____

7. Project Director's phone: _____ 8. e-mail: _____

9. Did you make any significant changes in your organization's activities from what was described in your original application? Yes No

10. If you made significant changes, did you submit a grant change form and get approval from MAC before you made the changes? Yes No

11. Was MAC credited in your printed materials and publicity? Yes No

12. Did you inform your local legislators about your grant? Yes No

13. Documentation: What kinds of documentation of your organization's activities can you make available to MAC, if needed? photographs video internal written reports

14. How did you publicize your grant?

15. **Attendance Itemization:** Please refer to the Attendance Itemization submitted with your Operating Grant application. Provide your projected figures from the application along with the actual figures from the project:

Projected Attendance			Actual Attendance			
List your organization's primary activities over the past year (group by type of activity)	Number of events you projected for this year	Number of attendees you projected for this year	Total number of events this year	Total of adults who took part in this event	Total of youths under 18 who took part this year	Total of all attendees from this year
Total:						

BUDGET REPORT

Your organization's fiscal year begins (month/day): _____ and ends (month/day): _____

Please itemize each line item on a separate page.

16. Cash Expenses		Cash Match	MAC Grant	Total
1. Personnel (staff):	Administrative			
	Artistic			
	Technical/production			
2. Outside fees (contractors):	Artistic			
	Other			
3. Space or equipment rental:				
4. Travel:	Transportation			
	Food			
	Lodging			
5. Marketing:	Printing			
	Other			
6. Remaining expenses:	Postage			
	Supplies			
	Insurance			
	Other			
	Other			
7. Total cash expenses (must not exceed total cash income)				

17. Cash Income		Cash	In-Kind**
1. Revenue:	Admissions		
	Earned Income		
	Other revenue		
2. Private-sector support:	Corporate contributions		
	Foundation grants		
	Other private contributions		
3. Government support:	Federal		
	State/regional (other than MAC grants)		
	County		
	Municipal		
4. Grantee cash:			
5. Portion of this grant already received:			
6. Remainder of this grant due:			
7. Total (must equal or exceed total cash expenses)			

**Defined as the cash value of goods and services contributed by sources other than the grantee organization, such as work done by volunteers or donated office space. You must be able to produce records of in-kind contributions.

18. Narrative Review Statement

Please describe the outcomes and notable activities during the last year by answering the following questions in a narrative statement. Group your answers under the headings presented below. The document should be no longer than two pages total. Please format it using a minimum 12 point font size and one inch margins on all sides of the page(s).

A. Goals and Outcomes

- Have any of your organization's goals changed since submitting your application last year?
- What major outcomes have you achieved over the past year? Have there been any unexpected outcomes?

B. Quality of Activities and Artistic Excellence

- Give an overview of your organization's main activities during the grant period.
- Who are the primary artists or arts professionals who have led your programs?
- What process did your organization use to ensure high artistic quality in your programming?
- Did your organization utilize any new spaces or facilities for hosting activities? If yes, how were the spaces chosen?

C. Public Participation and Access

- How did you make your organization's activities accessible to all the people in your community, especially those who are traditionally underserved by the arts?
- How did you include the public in the planning and evaluation of your programs?

D. Ability to Achieve Goals and Evaluate Success

- Outline the support you have received from the wider community over the past year. Has this support grown or declined?
- Note any changes in existing partnerships or additions of new partner organizations that have occurred since your application was submitted.
- How have you promoted your activities over the past year? Was there a specific strategy that was especially useful?
- How have you evaluated your activities in the past year? Is there an evaluation tool or method that has been especially useful?

FINAL STATISTICS

19. Please provide an estimate, in percentages, of the racial composition of the participants in your project:

White:	%
African American:	%
Native American:	%
Hispanic:	%
<u>Asian:</u>	<u>%</u>
TOTAL	100%

20. How many individuals received free or discounted admission to the activities supported by this grant? _____ adults + _____ youths under 18 = 20. _____

21. How many individuals received newsletters, announcements, or other promotional materials supported by this grant? 21. _____

22. How many schools benefited from performances, demonstrations, teacher training, or other services supported by this grant? 22. _____

23. Paid personnel

a. How many people were paid for services related to the project? 23a. _____

b. Of this number, how many were artists? 23b. _____

24. Volunteer personnel

a. How many people did volunteer work on your project? 24a. _____

b. Of this number, how many were artists? 24b. _____

25. **Arts Education projects only:** How many teachers, educators, and administrators received training through this grant?

K-5 teachers:

6-12 teachers:

Arts specialists:

Administrators:

TOTAL:

25. _____

26. Did any aspect of this project, regardless of the program area, offer training for teachers? Yes No

27. If yes, briefly describe (in one to two sentences) the training that was offered:

CHECKLIST

Before you submit your Final Report, make sure that you have:

- Completed all components of the Operating Grant Final Report Form
- Answered the narrative review questions in an attached document
- Attached a budget itemization
- Attached appropriate supplementary materials, such as sample programs, teacher guides, or letters to your state legislators about the project.
- Obtained original signatures from the Authorizing Official and Project Director (below).

CERTIFICATION

The Authorizing Official and Project Director hereby certify that the information contained in this report, including all attachments, is true and correct to the best of our knowledge.

Authorizing Official signature* (in ink) _____ **Date** _____

Name: _____

Project Director signature (in ink) _____ **Date** _____

Name: _____

**The Authorizing Official should be the same official who signed your grant application and grant contract. If there has been a change, please document it on a MAC Grant Change Form and submit with the report.*

Submit this form and the required supporting materials to MAC within 30 days of finishing your project or by May 15th, whichever comes first. Do not bind or staple the report. Send your package to:

Mississippi Arts Commission
501 North West Street, Suite 1101A
Woolfolk Building
Jackson, MS 39201

Mississippi Arts Commission Organizational Grantee Request for Payment Request 2 of 2

Please complete and submit with your final report.

Grant Number:

Employee ID Number:

Grantee Name and Address:

Type of Payment: Direct Deposit Paper Check*

**Please note, the Mississippi Department of Finance and Administration (DFA) requires all MAC grantees to receive their grant payments through direct deposit (electronic payment). If your organization is unable to receive payments electronically, you must request an exemption directly from DFA to receive a paper check (see: <http://www.dfa.state.ms.us/Content/Rules/MANDATORYE-PAYMENTSTOVENDORS.pdf> on how to request an exemption)*

Project End Date:

Your Total Grant Award:

Less Cash Requested to Date

Received:	<i>(total of your first payment)</i>
This Request:	<i>(final payment)</i>
Total:	

Remaining Grant Award Balance: \$0

Certification:

I hereby certify that the services covered by this request have not been received from the Federal Government or expended for such services under any other contract agreement or grant. The amount(s) requested will be expended for allowable cost/expenditures under the terms of the contract agreement or grant. Amounts requested herein do not exceed the total funds obligated by contract, and funds are requested only for immediate disbursement needs.

Authorizing Official

Date

Request prepared by: _____ Date: _____

MAC Use Only:

Vendor No. _____	Fund No. _____	
Object Code _____	Federal Grant _____	Full Grant Program _____
MAC Approval _____	Date _____	